

## APPLICATION DATA SHEET

### Application Information

Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R?:: None  
Title:: Treating Urinary Incontinence  
Attorney Docket Number:: BSC-125C1  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 3  
Small Entity?:: No

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Unknown  
Given Name:: Barry  
Middle Name:: N.  
Family Name:: Gellman  
City of Residence:: North Easton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 19 Pebblebrook Road  
City of Mailing Address:: North Easton  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02356

**Correspondence Information**

Correspondence Customer Number:: 021323

**Representative Information**

Representative Customer Number:: 021323

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/992,359	11/14/2001
09/992,359	Non-provisional of	60/248,808	11/15/2000

**Assignee Information**

Assignee Name:: SciMed Life Systems, Inc.  
City of Mailing Address:: Maple Grove  
State or Province of Mailing Address:: Minnesota  
Country of Mailing Address:: US